

Evening

## CGH Auxiliary Membership & Volunteer Application

Mail to: Auxiliary Coordinator CGH Medical Center 100 E. LeFevre Road Sterling, IL 61081

Phone: (815) 625-0400, ext. 5727

Dues:					`	,		
	5.00 Annual due	ne.						
	ng Member \$10							
_	Ü	or more (one tim	e)					
	4120100	01 111010 (0110 11111	-,					
Please print all	information							
Last Name	ast NameFirst Name							
Street Addres	SS							
				_ State				
Primary Phoi	ne			Cell				
Email								
Preferred me	thod of com	munication: □	Phone 🗆 1	Email				
Date of Birth					Gender: □ Male □ Female			
Current or La	ast Place of I	Employment_						
Please check: ☐ Employed ☐ Retired ☐ Other								
					(Name of So	chool and Yr. o	f Graduation)	
Education:	☐ High Sch	ool 🗆 Under	grad Degree	☐ Graduate I	Degree 🗆 Tr	ade School		
EMERGENC	CY CONTAC	CTS (Must be	listed)					
Name		Relation	nship to you_		Phone N	umber		
Name	ameRelationship to you				Phone Number			
Times/Davs vo	u are availal	ble to volunte	er:					
Times/Days yo	u are availal	ble to volunte	er:					
Times/Days yo	u are availal Sunday	ole to volunted Monday	er: Tuesday	Wednesday	Thursday	Friday	Saturday	
Times/Days yo  Morning				Wednesday	Thursday	Friday	Saturday	

## **PERSONAL REFERENCE** (not a relative) Name Relationship Phone Name\_\_\_\_\_ \_Relationship\_\_\_\_\_ Have you ever been convicted of a criminal offense other than minor traffic violations? $\square$ No $\square$ Yes If yes, please explain:\_\_\_\_\_ Do you have any special needs or restrictions we should be aware of? $\square$ No $\square$ Yes If yes, please explain: Please indicate the reason you are seeking a volunteer position (Check all that apply) Personal fulfillment Professional Development Family/friends with hospital (name) Extra Time Possible future career Requirement for class/degree (# hours required\_\_\_\_\_) Contribute to my Community Service community Is there any particular type of volunteer work in which you are interested in? (Check all that apply) Patient Contact Greeter Patient Transport ☐ Clerical/filing Gift Shop Sewing Patient waiting rooms Computer Work Fund-raising Hospitality Other **Hobbies/Interests:** Skills you would like to use while volunteering: I do not wish to be contacted to contribute to or participate in fundraising events.

Revised 2/13